



ENCROACHMENT PERMIT

#

PERMIT APPROVAL:

SURETY _____ FEE _____ OTHER _____

ASSIGNED INSPECTOR: JEFF HALLPHONE: 831-902-8764 OR 831-636-4340

APPROVED BY: _____

SURETY: _____

CHECK # _____ RCT# _____

FEE: _____

CHK# _____ RCT# _____

DATE PAID: _____

ABOVE FOR CITY USE ONLY

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO.: _____

FAX NO: _____

CONTRACTOR NAME: _____

CONTRACTOR'S LICENSE: _____

BUSINESS LICENSE: _____

TAX ID NO: _____

ESTIMATE: _____

LOCATION OF WORK

ADDRESS: _____

OWNER: _____

SPECIFIC NATURE OF WORK

READ BELOW BEFORE SIGNING

PURSUANT TO CITY CODE SECTIONS 17-25 THRU 17-30 ABOVE NAMED APPLICANT SHALL POST A MINIMUM OF \$500.00 SURETY, BEFORE THIS PERMIT IS ISSUED.

APPLICANT FUTHER AGREES TO PERFORM ALL WORK IN ACCORDANCE WITH CITY OF HOLLISTER STANDARDS AND SPECIAL NOTES LISTED BELOW.

APPLICANT AGREES TO PROPERLY MAINTAIN SAID ENCROACHMENT AT NO EXPENSE TO THE CITY AND TO INDEMNIFY THE CITY FROM ANY LIABILITY ARISING OUT OF OR CAUSED BY SAID ENCROACHMENT.

CALL 811 OR 1-800-227-2600 TWO (2) WORKING DAYS BEFORE DIGGING.
CGC 4216

DATE: _____

SIGNATURE: _____

START DATE: _____

ESTIMATED END DATE: _____

SPECIAL REMARKS

SPECIAL NOTIFICATION: (CIRCLE)

PG&E SBC CALTRANS

CHARTER USA OTHER _____

PROVIDE SKETCH HERE OR ATTACH A SEPARATE SHEET.

INSPECTION REPORT

DATE INSPECTED:

WORK:

REMARKS:

APP. BY:

I HAVE EXAMINED THE WORK COVERED BY THIS PERMIT AND FIND THAT SAID WORK IS IN ACCORDANCE WITH THE STANDARDS OF THE CITY OF HOLLISTER.

SIGNATURE OF INSPECTOR: _____ DATE: _____

TYPICAL CITY STANDARDS

1. ALL WORK MUST BE TO CITY OF HOLLISTER STANDARD SPECIFICATIONS AND DETAILS.
2. WORK MUST BE INSPECTED BY THE CITY OF HOLLISTER PRIOR TO BACKFILL.
3. ALL TRENCH BACKFILL TO BE CLEAN SAND BACKFILL.
4. ASPHALT OR CONCRETE ROAD SURFACE MUST BE SAW CUT.
5. PAVEMENT RESTORATION MUST BE 2.5 MINIMUM HOT ASPHALT OVER 8" MINIMUM.
6. TRENCH COMPACTION SHALL BE 90% EXCEPT FOR UPPER 12" OF SUBGRADE WHICH SHALL BE 95% RELATIVE DENSITY.
7. APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL INSPECTIONS WITH MINIMUM OF 24 HOUR NOTICE.
8. TWO SACK SAND SLURRY MAY BE SUBSTITUTED FOR 95% COMPACTED FILL OR A.B.

SURETY REQUESTED FROM FINANCE:

Date: _____ Amount: _\$ _____

Signature: _____